**Susan MacDermott, MA, LCMHC**

288 South River Road Building A Unit 1

Bedford, NH 03110

CONFIDENTIALITY

Information share in the course of therapy will remain confidential and will only be released with written consent. However, there are certain exceptions to this rule.

* In situations involving danger of suicide or homicide, or when I become aware of suspected child abuse or neglect, or when ordered by a court, I am required by law to involve other people.
* Cases may be discussed without names or identifying information in case consultations/supervision.
* Insurance companies may require certain clinical information for the purpose of claims payment and/or authorization of benefits.
* If you are currently involved in litigation of any kind, please be aware that the scope of my work involves psychotherapy. I DO NOT PROVIDE COURT TESTIMONY OR ACT AS AN EXPERT WITNESS.

By signing below, you indicate that you have read, understand and agree to the above. You are also authorizing me to provide requested information to your health insurance company.

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Patient Signature

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Date